

# WE CAN HELP

Detach and mail, indicating your request (s).

NAME \_\_\_\_\_

FACILITY \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE \_\_\_\_\_

\_\_\_\_\_ Please send me information on Ombudsman Education Programs.

\_\_\_\_\_ Please send me a list of videos available on loan.

\_\_\_\_\_ Please send me information on the Ombudsman Volunteer Representative Program.

**Please send me the following booklets or brochures**  
(indicate quantities required)

\_\_\_\_\_ "Residents' Rights". Language (if other than English)

\_\_\_\_\_ "How to Select a Long-Term Care Facility".

\_\_\_\_\_ "Guide to Advance Directives and Guardianship".

\_\_\_\_\_ "We Can Help" Ombudsman brochure.

\_\_\_\_\_ Annual Report.

\_\_\_\_\_ I would like an Ombudsman to \_\_\_\_\_ call \_\_\_\_\_ visit me.

PLACE  
STAMP  
HERE

OFFICE OF LONG-TERM CARE  
OMBUDSMAN  
129 PLEASANT STREET  
CONCORD NH 03301

